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Substitute for form 1449A/PTO <h2 style="text-align: center; margin: 0;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="text-align: center; margin: 0;"><i>(use as many sheets as necessary)</i></p>		<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Complete if Known</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Application Number</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;"></td> </tr> </table>		Application Number		Filing Date		First Named Inventor		Art Unit		Examiner Name		Attorney Docket Number	
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Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 See Kind Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Application Number	
		Filing Date	
		First Named Inventor	
		Group Art Unit	
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Sheet		of	

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